United Nations E/ICEF/2001/P/L.41

# Economic and Social Council

Distr.: Limited
13 November 2000

Original: English

**For information**

**United Nations Children's Fund**
Executive Board
**First regular session 2001**
22-26 and 29 January 2001
Item 4 of the provisional agenda*

## Country note**

## Republic of Moldova

*Summary*

The Executive Director presents the country note for the Republic of Moldova for a programme of cooperation for the period 2002 to 2006.

## The situation of children and women

1. Children (1.3 million under 8 years of age) and women of the Republic of Moldova continue to suffer the negative consequences of transition. The Republic of Moldova is one of the poorest countries in the Central and Eastern Europe, Commenwealth of Independent States and Baltic States region, with a per capita gross national product of $370 (1999). Some 35 per cent of the total population of 4.3 million live below the poverty line. Social development is hampered by unemployment, greater inequality in the distribution of income and inflation. Reduced budgetary allocations to the social sector have led to the worsening of major social indicators and the deterioration of the quality of and access to social services.

2. The poor status of children's health is reflected in infant and under-five mortality rates of 27 and 34 per 1,000 live births, respectively. The maternal mortality ratio of 28 per 100,000 live births (1999) is caused mainly by pregnancy-related pathologies and puerperal infections. Almost 28 per cent of children under

* E/ICEF/2001/2.
** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

00-74418 (E) 041200

five years old and 20 per cent of women of reproductive age suffer from anaemia. According to the Ministry of Health, 22 per cent of school-aged children have iodine deficiency disorders.

3. HIV/AIDS is spreading rapidly. To date, 1,110 cases of HIV infection have been identified, out of which 27 have developed AIDS. Children and young people aged 15 to 19 years represent 15 per cent of all HIV cases. The significant increase in sexually transmitted infections (STIs), from 7 per 100,000 population in 1989 to 200 in 1999, is also a cause for concern.

4. The combined effects of poverty and cuts in social sector investments have weakened family capacity to protect children. The number of children in need of special protection, such as those deprived of parental care and family life, continues to grow. Public care system responses rely heavily on residential care, including for children with disabilities. According to the latest governmental data, 12,344 children reside in institutions.

5. The quality of basic education has decreased substantially over the past decade due to the lack of adequate funding. This adversely affected the conditions of the learning environment, including increases in disparities. Another problem is the lack of relevance in the curriculum, and children are exiting the system without basic life skills. Rising costs of education services and supplies have prevented access to basic education for the most vulnerable. According to the World Bank, over 15 per cent of children of the poorest families do not attend primary school. Pre-school education has been severely affected. In rural areas, 80 per cent of children stay at home until entering primary school and have no access to early childhood development opportunities.

6. Decreasing opportunities for continuing education, and the development of livelihood related to employment and for meaningful participation and access to organized free time activities, are increasing the risks for adolescents and young people to become exposed to crime, alcohol and drug abuse. Problems affecting young people include the lack of communication and support from family and community, and drop out from the formal school system. It is estimated that 2,422 adolescents 14-17 years old committed offences and crimes in 1999.

## Lessons learned from past cooperation

7. UNICEF partnerships with other United Nations agencies, as well as advocacy with and technical support to governmental institutions, have contributed to strengthening the primary health care (PHC) system, improving breastfeeding rates and promoting quality perinatal services. Other programme areas, including child protection, would benefit from strengthened coordination with partners.

8. The slow progress made by the decentralization process has highlighted the need to improve the managerial and planning capacities of local authorities, a point reinforced during sectoral strategy meetings with counterparts. The evaluation process has also stressed the need for improvement in the areas of intersectoral planning and implementation.

9. A new model of early child care and development (ECCD) was successfully tested in different parts of the country based on partnerships with kindergartens, families and communities. Based on a programme review, community empowerment

and participation will be supported. Increasing family participation and knowledge and supporting social networks have proven to be sustainable.

## Proposed country programme strategy

10. The overall priorities and programme strategies are based on the results of the situation analysis, technical assessments, evaluations, sectoral strategy meetings and a final consultation with the Government, civil society organizations and United Nations agencies. These were preceded by regular meetings with the Government, United Nations agencies, and local and international non-governmental organizations (NGOs). The cooperation strategy is also based on the draft Common Country Assessment and will contribute to the elaboration of the United Nations Development Assistance Framework (UNDAF).

11. The main goal of the 2002-2006 programme is to support national efforts to alleviate poverty through fulfilling the rights of children, young people and women in line with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The overall life cycle outcomes are based on the New Global Agenda for Children, national social development priorities and the UNICEF medium-term plan. The major objectives include: improved maternal and child health (MCH) and development; expanded access to early childhood care; better protection of vulnerable children and young people; and the promotion of youth development and participation.

12. Three cross-cutting strategies will be part of each programme: capacity-building; the promotion of integrated basic services; and social mobilization. Capacity-building at national and subnational levels will improve the quality of management, planning and coordination in the social sectors, and enhance child-centred policy development. Family and community empowerment will improve knowledge about child health and development. The promotion of integrated and decentralized basic social services will be supported. Social mobilization with central and local authorities, civil society, children and young people will strengthen partnerships for promoting rights within the framework of the Global Movement for Children.

13. The programme structure will be composed of three interrelated programmes: ECCD; child protection; and young people's health, development and participation. Close coordination between the programmes will be emphasized to enable a strong integrated approach in addressing the issues of ECCD protection, gender equity and community development. Implementation of an integrated monitoring and evaluation plan will ensure effective programme implementation. Cooperation with United Nations agencies will be strengthened in the framework of the UNDAF process (child protection, HIV/AIDS prevention, health reform and community development). The country programme will emphasize increased cooperation with the World Bank (health reform, child protection) and the European Union (health reform), as well as with donor agencies and international and local NGOs.

14. The **ECCD** programme will ensure quality in health, nutrition and the psychosocial development of children in the very early stage of the life cycle, and in the needs of mothers. The programme objectives include: the promotion of cost-effective and efficient MCH activities to contribute to the development of public

health capacities and accessible and sustainable PHC systems; and increased access to and improved quality of ECCD practices.

15. The programme will focus on improving the knowledge of families and caregivers on ECCD by promoting the Integrated Management of Childhood Illness initiative. Special attention will be given to reinforcing legislation for the protection of women's health, thus strengthening antenatal care and reproductive health services. Nutritional status will be improved through the promotion of iodized salt consumption, the prevention of iron deficiency and the promotion of exclusive breastfeeding.

16. ECCD will be expanded throughout the country, including through the formal and non-formal school systems. Existing pre-school and school facilities will play an important role in community development and participation by providing parents, teachers and PHC workers with knowledge about early child health and development. Family- and community-centred approaches will be promoted and supported through the Better Parenting Initiative.

17. The **child protection** programme will address the rights of children deprived of parental care, including children with disabilities. The overall aim of this programme is to strengthen family capacities to ensure child development, recovery and reintegration. The protection measures will include support to child care system reform, with the aim of ensuring family-centred outcomes. UNICEF will contribute to the development of appropriate social policies within health and education systems to ensure access to excluded groups, such as children from poor families and those with disabilities. Support will be also provided for the modification of legal norms and procedures to ensure that family-based care is given priority as opposed to the placement of children in residential care. In addition, special attention will be given to juvenile justice system reform.

18. Contributing to the development of social policy and legislation will be an important strategic emphasis of the cooperation. UNICEF will assist national partners in the development of national databases related to children's rights, and ensure the use of the data for policy development and monitoring. Activities will include technical assistance to improve social statistics. Support will also be provided for the publication of child rights' materials and the strengthening of national documentation.

19. Government institutions at both national and local levels will be assisted in improving their capacities to assess, monitor and evaluate implementation of the two Conventions. Activities will include research on emerging issues, including child labour, children in conflict with the law, domestic violence and trafficking, followed by appropriate programme interventions.

20. The **young people's health, development and participation** programme will promote access of young people to a range of opportunities and services that are fundamental to their development and ability to contribute to their families and communities. It will also support the participation of young people in decisions that affect their lives. The specific objectives will be: (a) to promote child and youth participation; (b) to improve and protect the health of adolescents and young people; and (c) to reduce the incidence of HIV and other STIs.

21. A wide range of activities will be developed based on youth participation, including peer education and communication activities for the prevention of

HIV/AIDS and STIs and life skills education. The programme will also support further development of democratization practices with the local child and youth councils and children's parliament.

22. UNICEF will promote the concept of children- and youth-friendly environments, and will encourage the involvement of youth in the development of policies on rights and gender equity. Adolescent health will be addressed through the development of youth-friendly services based on health education activities. The formulation of studies with adolescents on problems and issues they face will be promoted in order to identify and support the development of appropriate national strategies and local responses.

23. The **cross-sectoral costs** will cover programme support staff, consultants, and programme and project support, including costs of supervision, monitoring and field follow-up of programme implementation. UNICEF will also support the development of national emergency preparedness strategies. The Moldova office is part of the area office based in Bucharest.

## Estimated programme budget

### Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

| | *Regular resources* | *Other resources* | *Total* |
|---|---|---|---|
| Early child care and development | 1 348 | 3 000 | 4 348 |
| Child protection | 1 060 | 3 000 | 4 060 |
| Young people's health, development and participation | 782 | 1 500 | 2 282 |
| Cross-sectoral costs | 375 | - | 375 |
| **Total** | **3 565** | **7 500** | **11 065** |

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

United Nations E/ICEF/2001/P/L.42

# Economic and Social Council

Distr.: Limited
9 November 2000
English
Original: French

**For information**

**United Nations Children's Fund**
Executive Board
**First regular session 2001**
22-26 and 29 January 2001
Item 4 of the provisional agenda*

## Country note**

## Algeria

*Summary*

The Executive Director presents the country note for the programme of cooperation with Algeria for the period 2002 to 2006.

## The situation of children and women

1. Algeria has undergone significant political and socio-economic developments since 1998. The Government has made the return to peace and stability its political priority which has been endorsed by the referendum on civil concord. Thousands of people have laid down their weapons and have been pardoned or amnestied. Violence has declined considerably and the security situation has improved, although it remains a matter of concern. Isolated acts of terrorism continue to target the population, in particular women and children. A new impetus has been given to the transition to the market economy, but the full impact of that process has yet to be felt. Algeria's economy is heavily dependent on oil revenues, and the country imports between 60 and 70 per cent of its food requirements. According to the National Economic and Social Council, over 20 per cent of the population are living below the poverty line. Although inflation has been brought under control (3.5 per cent in 1999), the erosion of personal purchasing power is worsening (15 per cent over the past two years in inflation-adjusted dinars). Unemployment remains at a

* E/ICEF/2001/2.
** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

00-74516 (E) 171100 051200

high level (29 per cent of the active population, and over 55 per cent in the 20 to 24 year age group). This situation is likely to exacerbate poverty and exclusion.

2. The infant mortality rate has not varied significantly for a decade (between 32 and 36 per 1,000 live births). Neonatal mortality represents 50 per cent of that rate, reflecting the inadequacy of maternal health services and of perinatal and neonatal care. The other major causes remain respiratory infections and acute diarrhoea. Immunization coverage has increased, reaching a rate of 83 per cent in 1999. The rate varies significantly, between 48 and 95 per cent, from one *wilaya* (department) to another. No cases of polio have been reported since 1997. According to a national survey made in 1999, the maternal mortality rate is 140 per 100,000 live births. Protein-energy malnutrition is on the increase, rising from 9 per cent in 1992 to 13 per cent today.

3. With respect to education, the Government has made a priority of the reconstruction of over 500 schools destroyed by terrorism. The school enrolment rate has fallen slightly from 95 per cent in 1995 to 94 per cent in 1998 (91 per cent among girls as against 94 per cent among boys). Enrolment rates are below the national average in the *wilayas* in the south and in the highlands: in Ghardaia in the south, the rate is only two thirds that in Béjaia in the north. The quality of teaching is the subject of frequent criticism. The school drop-out rate is rising: in 1999, 20 per cent of the school-age population was not enrolled. A consensus has taken shape concerning the need for a wide-ranging reform of the educational system. Thirteen per cent of young people between the ages of 15 and 24 years, and 19 per cent of girls in the same age group are illiterate. In rural areas, 22.5 per cent of young people are illiterate, 71 per cent of them being girls.

4. Tens of thousands of children and women have been subjected to extreme violence as a result of the prevailing insecurity throughout the country. The institutions of the State and of civil society have taken action, with the support of UNICEF, to address this exceptional situation. A range of time-limited or long-term activities has begun in the field and a national action plan for the psycho-social support of children who have been victims of the violence is currently in preparation. Out of a total population of 31 million, 253,526 disabled children (from birth to 18 years of age) were registered in 1998. The number of children abandoned in institutional care is estimated at over 3,000 per year, whereas the admission capacity of orphanages is only 1,000 places. Data relating to juvenile delinquency, child abuse, drug addiction and prostitution among minors, and the employment of children, are generally inadequate and in some cases non-existent.

5. The scene has changed considerably over the past decade with regard to the media, particularly as a result of the emergence of a dynamic private press. Television and radio remain a State monopoly. Television is unquestionably the main news medium, and over 95 per cent of households own a television set. Another noteworthy feature is the presence in the field of numerous non-governmental organizations (NGOs) which are all potential forces for social mobilization. Data concerning the economic and social fields come from a number of sources. The various national institutions have their own regular data-collection systems and they also make use of surveys and studies. However, there is no machinery for the coordination and exchange of data between the various sectors concerned.

## Lessons learned from past cooperation

6. Two shortcomings were identified in carrying out the 1998-2000 programme of cooperation. The first was related to the geographical spread of interventions which made it difficult to bring activities together and to evaluate their impact. The second was related to the definition of objectives and strategies which did not always rest on rigorously defined criteria or on a clearly established system of monitoring and evaluation.

7. Consequently, it is a question, on the one hand, of effectively decentralizing programmes and integrating them at an intrasectoral and intersectoral level, while, in particular, developing pilot projects in high-risk areas, thus enabling optimum use to be made of resources while reducing their dispersal. It is necessary, on the other hand, to better define indicators and the process of project planning and programming.

## Proposed country programme strategy

8. The design and preparation of the 2002-2006 country programme, rests on an approach based on respect for and defence of children's and women's rights. In that spirit, the planning and programming exercise was conducted with the active participation of all partners from Government, specialized agencies, NGOs, universities and the country team, supported by the regional office. UNICEF has harmonized its programming cycle with those of the United Nations Development Programme and the United Nations Population Fund and has included its cooperation programme in the United Nations Development Assistance Framework (UNDAF). The country office has participated actively in the preparation and formulation of the Common Country Assessment (CCA).

9. The programme of cooperation will contribute to Algeria's efforts to reduce the impact of poverty and violence on children, infantile and maternal mortality, and geographical and gender-related disparities. The activities to which UNICEF will make its contribution will focus mainly on the most disadvantaged groups. The programme will also include targeted activities at the national level, in areas in which changes of policy have the potential to bring about a decisive improvement in the situation of children. Because of the slenderness of the available resources, the choice of such interventions will be a decisive factor. Consequently, the programme will be based on: (a) the development of initiatives at the local level, with community participation; (b) strengthening management at the national level; (c) strengthening advocacy and social communication; and (d) the development of a partnership for respect for, and the defence of, the rights of the child, based on a strategic alliance between the institutions of the State, community organizations, local communities and the United Nations system.

10. The *health and nutrition* programme will contribute to the attainment of the national objectives, in particular: national immunization coverage of 90 per cent for all vaccine-preventable diseases; the eradication of polio; the introduction of the strategy for the integrated treatment of childhood diseases (diarrhoea, acute respiratory infections and malnutrition); an increase in childbirth in an assisted environment; vitamin A coverage for all children under 2 years old; and the reduction of protein-energy malnutrition in under-5-year-olds. The contribution of

UNICEF to the attainment of these national objectives will be based on two complementary strategies: support for national maternal and infantile health and nutrition programmes, and the consolidation of their attainments; and local initiatives mainly aimed at populations and areas at risk, while promoting the development of strategies at the national level. The fight against HIV/AIDS will be strengthened, in particular through social communication activities and advocacy.

11. The *education* programme will contribute to the national efforts to promote accessible and high-quality education for all. It will be conducted, on the one hand, through research activities, advocacy and institutional capacity-building at the national level and, on the other, through intervention at the local level in disadvantaged regions. These interventions will enable school enrolment and dropout rates to be improved nationally, and will serve as pilot experiments and as models for innovative approaches. UNICEF will also contribute to the efforts of the Government in the framework of intersectoral interventions, in the field of school health and providing for the education of the disabled.

12. The *child protection* programme will contribute to improving the protection and well-being of children in difficulty. It will focus on psycho-social support for children traumatized by violence in their family and community environment, in the ten most seriously affected *wilayas*. UNICEF will provide technical and material assistance for such support and for national capacity-building in the field of trauma. It will focus also on strengthening the information system and the legal machinery for intervention and prevention. In addition, it will facilitate the implementation of pilot projects at the local level with a view to developing models for the support and social reintegration of disabled children, abandoned children and adolescents in difficulty.

13. The *communication, monitoring and evaluation* programme will focus on promotion of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, and on the establishment of a global and integrated programme for advocacy and social communication, monitoring and evaluation for child survival, development and protection. This will be accomplished through: the implementation of a national social communication plan; capacity-building for national institutions, NGOs and the community; the establishment of a national mechanism for the implementation and monitoring of both Conventions; and support for the regular analysis of the situation of children and women, in particular through national machinery for coordination and the exchange of data between the various sectors concerned. Finally, an integrated plan for monitoring and evaluation of the programme of cooperation will be developed for the regular monitoring and evaluation of that programme.

14. The cross-sectoral costs will be used for the funding of the following five posts: programme assistant, information technology assistant, supply assistant, programme secretary and programme driver, as well as to cover programme overheads.

# Estimated programme budget

## Estimated programme of cooperation, 2002-2006*

(In thousands of United States dollars)

| | *Regular resources* | *Other resources* | *Total* |
|---|---|---|---|
| Health and nutrition | 1 350 | 800 | 2 150 |
| Education | 1 350 | 900 | 2 250 |
| Child protection | 1 300 | 1 300 | 2 600 |
| Communication, monitoring and evaluation | 1 028 | 0 | 1 028 |
| Cross-sectoral costs | 600 | 0 | 600 |
| **Total** | **5 628** | **3 000** | **8 628** |

* These are indicative figures which are subject to change once the aggregate financial data are finalized.